Alcohol and Drug Foundation

PREVENTING HARM IN AUSTRALIA

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Committee Secretary,

The Alcohol and Drug Foundation commends the Senate for establishing an Inquiry into Fetal Alcohol Spectrum Disorder (FASD) at a critical juncture of Australia's response to this tragedy. While progress has been made since the 2012 House of Representatives FASD inquiry, the magnitude of the challenge has been brought into recent focus by the Western Australian Coroner's Inquest into the deaths of children in the Kimberly Region; developments in alcohol pregnancy warning labels; and the release of the Australian Government's FASD National Action Plan. Furthermore, evolving digital platforms are presenting a challenge in terms of regulation of alcohol advertising, as well as FASD awareness.

A successful strategy will require cooperation across jurisdictions, portfolios and, most importantly, recognition that FASD affects some of the most vulnerable and traumatised Australians. An approach which stigmatises Australians risks being counter-productive. The Alcohol and Drug Foundation acknowledges the personal commitment of the Minister for Health and Minister for Indigenous Australians to addressing FASD.

Please find enclosed the Alcohol and Drug Foundation's submission. The Alcohol and Drug Foundation's Local Drug Action Teams target FASD in projects around Australia and I would be pleased to introduce the Committee to them.

Yours sincerely,

Dr Erin Lalor AM
CEO
Alcohol and Drug Foundation

Level 12
607 Bourke Street
Melbourne VIC 3000

PO Box 818
North Melbourne
VIC 3051
-
T 03 9611 6100
F 03 8672 5983
adf@adf.org.au
adf.org.au ABN 66 057 731 192

Alcohol and Drug Foundation Submission

Senate Community Affairs References Committee inquiry into Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

About the Alcohol and Drug Foundation

Founded in 1959, the Alcohol and Drug Foundation (ADF) has contributed 60 years of service to communities across Australia. The ADF works in partnerships with communities to reduce the burden of disease caused by alcohol and other drug problems. The ADF's focus is on prevention and early intervention. Our strategies include community action, health promotion, education, information, policy, advocacy and research. The ADF welcomes the opportunity to comment on Senate Community Affairs References Committee inquiry into Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder.

The Alcohol and Drug Foundation's Position

Research shows prenatal alcohol exposure (PAE) can have a marked impact on the development of a child's central nervous system, while long-term studies show youth with FASD have high rates of mental health problems, learning difficulties and involvement with the criminal justice system.

The ADF's brings to the inquiry the following position:

1. A substantial proportion of women are unaware of the risks associated with alcohol use during pregnancy. Significant numbers of women consume alcoholic products during pregnancy. Australia is known to have one of the highest rates of alcohol consumption during pregnancy in the world. (1)
2. FASD can be prevented. Currently, a clear causal link can be made between consumption of alcohol and FASD and mounting evidence of harms associated with PAE. The safest option is not to drink during pregnancy.
3. More information about the prevalence and impact of FASD is required to allow for improved interventions, early detection and service planning and implementation.
4. Prioritising prevention in the general community and designing targeted interventions for known at risk communities is required.
5. Providing adequate screening and diagnostic tools to ensure early intervention for those children with pre-existing FASD.
6. All family members and partners of pregnancy women should be supported to reduce or abstain from drinking alcohol during their partners / family members' pregnancy.
7. Policy and prevention initiatives aimed at reducing FASD should not sit in isolation to broader alcohol related public health measures. A co-ordinated national approach that includes initiatives to reduce accessibility and availability of alcohol is required
8. The introduction of mandatory warning labels on all packaged alcohol is essential to raise awareness of alcohol related harms at point of consumption.

Response to Terms of Reference

Effective approaches to prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD), strategies for optimising life outcomes for people with FASD and supporting carers, and the prevalence and management of FASD, including in vulnerable populations, in the education system, and in the criminal justice system – with particular reference to:

(a) the level of community awareness of risks of alcohol consumption during pregnancy

To prevent FASD it is essential that people are aware of the risks; understand that abstinence from alcohol during pregnancy is the safest option; and that women and families are supported prenatally and during pregnancy to ensure the best outcome for their children. Whilst there appears to be some growing awareness in the community that abstinence is the safest option during pregnancy, data from the National Drug Household Survey showed that only 56% of women abstained from alcohol during pregnancy and 1 in 4 women continued to consume alcohol after they knew they were pregnant. A significant proportion remain unaware of the risks.(2) FARE's Annual alcohol poll 2018: Attitudes and Behaviours (3) reported that 78% of women surveyed stopped consuming alcohol when they became pregnant, however this still leaves a substantial number of women who continue to consume and unaware of the risk.

Evidence suggests that up to 50% of pregnancies are unplanned and many of these not discovered until several weeks into gestation. (4) Due to the significant risks associated with prenatal alcohol exposure (PAE) and the large number of unplanned pregnancies it is essential that public health campaigns are community wide, form part of alcohol and other drug and sexual education curriculum and be non-judgemental.

Discussions of negative research findings in popular media can lead to confusion. Articles such as 'Telling pregnant women to drink no alcohol is counterproductive' raise important questions about challenging social and cultural accepted 'norms'. They downplay potential adverse outcomes and complicate decision making about risks of drinking during pregnancy.(5)

Broad public awareness and health promotion programs, such as Pregnant Pause, and local community campaigns to raise awareness of the risks of alcohol in pregnancy are an essential first step to improve knowledge and awareness of the risks. (6)

The Alcohol and Drug Foundation have contributed to the Food Standards Australia New Zealand (FSANZ) processes regarding the development and implementation of mandatory pregnancy warning labels on alcohol products. Warning labels are an important part of raising awareness of the risks associated with alcohol consumption during pregnancy. Pregnancy warning labels on alcohol products provide information that consumers need to make an informed decision about their use of the product. Consumers need to know how the product may affect them and their interest. Warning labels on products procides information at a time when it is most relevant to the consumer – at point of purchase and at the point of consumption.

An Australian study of drinkers' responses to labels on alcohol containers warning of the link between alcohol and cancer found that females and low risk drinkers were more likely to take account of those warnings. (7)This gives support to the belief that at least a proportion of the primary target group will consider the warning about drinking during pregnancy on alcohol

labels. It is also relevant that even drinkers usually described as 'low risk drinkers' might be vulnerable to FASD depending on their pattern of drinking and the timing of that drinking during pregnancy.

Recommendations:

- The Alcohol and Drug Foundation recommends the introduction of warning labels be accompanied by an Australian government campaign using the same imagery and messages.
- The advent of warning labels should also be complemented by greater focus on FASD in secondary school alcohol and other drug (AOD) education.
- Health information and campaigns should be driven by health agencies.
- The Alcohol and Drug Foundation supports an independent, ongoing evaluation once labelling has been introduced to ensure they are effective.
- Provide sustained investment for national campaigns to raise the need to abstain from alcohol use during pregnancy

(b) the adequacy of the health advice provided to women planning a pregnancy, pregnant women and women who are breastfeeding, about the risks of alcohol consumption;

As a point of first contact, doctors, midwives and other health care practitioners are in a unique position to play a crucial role in the prevention and identification of FASD. Appropriate screening of prenatal alcohol use should be prioritized and completed for all women to help identify women who may be at risk prior to pregnancy. A brief screening intervention may not only identify women at risk but also be an important way to raise broader awareness of the risk of PAE. A recent UK study reported concerningly low levels of FASD specific training amongst pediatricians (54.8%) and midwives (21.3%). (8)

All health and allied workers, social workers and others who assist pregnant women should be trained to inform pregnant women about the risk of alcohol consumption and to identify women who may present with other social and psychological factors that may increase their risk. All workers should be skilled in offering advice and how to refer women to appropriate services. (7)

Recommendation:

- Relevant health and allied health workers should be trained to offer advice concerning FASD.

(c) barriers that may prevent women receiving accurate, timely and culturally/ethnically appropriate information and advice on alcohol and pregnancy;

While the many dedicated FASD teams endeavour to practice a no judgement culture, stigma and judgement remain significant barriers to both diagnosis / reporting and information provision during pregnancy – mostly in the absence of specialist supports. The notion of blame can shape attitudes towards and reactions to women who drink during their pregnancy. 'Blame and Shame' can negatively impact on the self- perception of pregnant women with many women fearing they will be negatively judged by the community and health care workers if they disclose the extent of their alcohol consumption. (9, 10) This may further prevent early monitoring and support for the woman and delay diagnosis and effective early

interventions for the child. (10) Women may also be reluctant to report alcohol use during pregnancy if they are concerned that this could result in their child being removed by child protection services. (11)

Alcohol consumption during pregnancy cannot be a women's only issue. Family relationships, social, economic, education and overall health and well-being are also factors that may influence behaviour. A health care prevention approach must address this intersection between women, family and community to effectively support behaviour change.

The perception that the consumption of alcohol during pregnancy is only a women's issue is a barrier to effective prevention. (12) The responsibility to reduce alcohol consumption during pregnancy is the responsibility of men and women and community. There is emerging evidence of links between paternal age, environment and alcohol consumption on birth defects. (13)The consumption of alcohol occurs as a social ritual, women must be supported by their partners, family, health care providers and social service providers to not consume alcohol during pregnancy. This approach has been taken in the advertising campaigns for Strong Spirit Strong Future.

The social determinants of health (including education, housing and employment) are structural influences on health and wellbeing that are embedded deeply into the fabric of lives and not easily changed. A high proportion of women who give birth to children with FASD experience extreme stress, depression and anxiety, relationship problems, domestic violence, poor nutrition and lack of social support. (14) These problems have a synergistic relationship with the social determinants as, for example, a lack of education is associated with low employment and low incomes, and naturally, housing problems; these factors, individually and collectively, produce and exacerbate stress, anxiety and depression, which in turn predicts high consumption of alcohol and other substances. It is not surprising that low social economic status is a risk factor for FASD; over time the incidence and prevalence of FASD should decline as levels of education and employment rise and other key social factors are addressed. To address this issue, it is imperative that the National FASD Action Plan not sit in isolation from other social, economic or health promotion initiatives. It is important that the Action Plan is supported by, and embedded within, other strategies that aim to address alcohol related harm across the whole of community.

Recommendations:

- That development of strategies to reduce FASD acknowledge the role of stigmas as a barrier to seeking help.
- That strategies to reduce FASD seek to address its social determinants in conjunction with other government health promotion initiatives.

(e) the prevalence and nature of co-occurring conditions and of misdiagnosis of FASD;

There has been limited research into FASD prevalence in the general Australian population. The Australian Medical Association notes that "few accurate data on prevalence of FASD in Australia is available but it is estimated that FASD affects roughly between 2% and 5% of the population in the United States" (15) Canadian research estimates a prevalence of 4%. (16) Estimates of prevalence continues to increase globally, thus it is likely that prevalence in Australia is higher than estimated. (15)

A national prevalence estimate is needed to understand the extent of the issue and to shift the focus from FASD being viewed as predominately a problem in disadvantaged and Indigenous communities. (15) Whilst current data suggests that the burden of FASD is disproportionately felt in Indigenous communities, the lack of population wide data may be counterproductive to efforts to understand the degree of FASD. This may and perpetuate the narrative that population wide prevention efforts and campaigns are less of a priority than targeted efforts. (17)

Diagnosis of FASD has been difficult as up until 2016 there was no formally accepted diagnostic criteria for FASD in Australia, making it difficult to determine prevalence and to initiate management plans. The 2016 Australian FASD Diagnostic Instrument's recommended criteria are similar to those published in Canada and use clinical aides developed at the University of Washington. (18)

Poor knowledge of FASD among primary carers contributes to difficulty of diagnosis as clients may not be referred to an appropriate diagnostic service. Accurate data collection is also lacking. (18)

Recommendation:

- That Australian governments coordinate and fund a comprehensive research project aimed at ascertaining the extent of FASD in Australia.

(f) international best practice in preventing, diagnosing and managing FASD;

International clinical guidelines recommend that pregnant women should abstain from alcohol use.(19) The current Australian NHRMC guidelines state that 'For women who are pregnant or planning a pregnancy, not drinking is the safest option. (20) While some literature states that the risk of one standard drink is low, risk increases the more alcohol is consumed and is dose dependent. Lack of evidence of a 'safe level' should not infer that any level of consumption is safe. The safest option is abstinence.

A range of campaigns to reduce alcohol consumption during pregnancy, including specific FASD prevention programs, are being developed and implemented in Australia and internationally. These include educational approaches targeting the community and health professionals, as well as specific population groups such as women of childbearing age, pregnant women, women at high risk of alcohol consumption and partners of pregnant women. (21, 22)

Prevention research in Canada has identified a four-part framework for FASD prevention:

- Level 1: Broad public awareness and health promotion
- Level 2: Conversations about alcohol with women of childbearing age and their partners
- Level 3: Specialised support for pregnant women
- Level 4: Postpartum support for new mothers (23, 24)

In considering approaches to preventing PAE a broad view of alcohol related harm is required which includes taking into consideration other policy interventions to address

alcohol related harm. The Alcohol and Drug Foundation encourages governments to adopt policy interventions identified by the World Health Organization (WHO) as the 'best buys' to reduce harm from alcohol. (25) These recommendations are:

- Increase excise taxes on alcoholic beverages;
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising; and
- Enact and enforce restrictions on the physical availability of retailed alcohol.

The two primary issues of concern are the content of alcohol advertising content and levels of exposure to alcohol advertising. (26) Content relates to the messaging, imagery and narrative while levels of exposure pertain to frequency and volume of the advertising experienced by the individual.

A report submitted to the Committee by Cancer Council WA and the Public Health Advocacy Institute of WA Alcohol Programs Team identified themes in how alcohol is marketed to women in Australia. (27) Advertising campaigns that include promotion of pink alcohol products; marketing that links alcohol products to fashion, make-up, or other stereotypical female interests or activities; and marketing that promotes alcohol products as being lower in calories or 'better for you'. These themes are consistent with those identified in previous research that has found that the alcohol industry targets women through a number of strategies including the creation of new products, lifestyle messages underpinned by gender stereotypes, offers of stereotypical feminine accessories, and messages of empowerment. (28)

Effective action in these policy areas will not only contribute to preventing alcohol-affected pregnancies and FASD but will make a substantial difference in preventing and reducing the impacts of alcohol on individuals, families, and communities.

A 2017 online scan of FASD prevention and health promotion resources for Aboriginal and Torres Strait Islander communities found a range of high-quality, culturally appropriate resources exist. However, many health professionals were unaware of their availability and they had yet to be formally evaluated. (29)

Although there is a lack of published evaluation of campaigns or strategies that have addressed alcohol use during pregnancy, FASD researchers have identified key areas to be addressed in any prevention campaign – Information should be:

- Be culturally sensitive to the community in which it is being delivered;
- Be respectful;
- Be informed by community knowledge, attitudes and practices;
- Focus on the damage that alcohol can do – do not focus blame on the woman;
- Engage all the community, notably men; and,
- Be consistent with Australian guidelines to reduce health risks from alcohol. (30)

The partners of women should always be included in any FASD prevention strategy. Partners and family members play a crucial role in supporting women during pregnancy. Support should be given to partners of women who may need help to manage their own alcohol use.

The Foundation for Alcohol Research and Education (FARE) released a comprehensive FASD Action Plan 2013 – 2016 that aimed to address FASD prevention, early intervention and

highlight gaps in the management of FASD in Australia. The report focusses on five priority areas:

1. Increase community awareness of FASD and prevent prenatal exposure to alcohol
2. Improve diagnostic capacity of FASD in Australia
3. Enable people with FASD to achieve their full potential
4. Improve data collection to understand the extent of FASD in Australia
5. Close the gap on the higher prevalence of FASD in Aboriginal and Torres Strait Islander peoples

FARE set out areas for action to address each of the above priority areas and estimated costings to fund initiatives suggested in the plan.

Key prevention activities included in the plan:

- Conduct an ongoing national public education campaign about the harms resulting from alcohol consumption during pregnancy;
- Implement mandatory health warnings on all alcohol products available for sale in Australia;
- Provide specialist support services to pregnant women who have alcohol-use disorders; and,
- Educate health professionals on FASD and enable them to routinely ask and advise all women about their alcohol consumption.
- Continue to address overall levels of high consumption of alcohol.

The impact of any of the above prevention strategies will have minimal impact in isolation of each other. Mandatory labels on alcohol products can help to increase awareness but it needs to be coupled with other strategies in order to achieve behaviour change.

Recommendations:

- The National FASD Strategic Action 2018-28 be periodically updated to reflect international best practice.

(g) awareness of FASD in schools, and the effectiveness of systems to identify and support affected students;

Education about the risk of drinking before and after conception can be a mandatory aspect of the secondary school health education curriculum, along with education about sex and alcohol and other drug use.

For students who may be affected by FASD, adequate provision of support services, early intervention and family support is vital to ensure the individual is supported to achieve to their potential.

Australian education resources have been developed to address gaps in knowledge and skills faced by teachers and educators. The Marulu team at the Marninwarntikura Women's Resource Centre in Fitzroy Crossing have published a comprehensive guide that aims to provide educators and communities with an understanding of the needs of students with trauma and FASD. (31) The resource aims to support teachers to support children with FASD to

have successful educational experiences. More resources are available to support teachers and educators on the NOFASD website.

Investment in adequate screening and diagnostic services, followed with investment in student support – similar to that currently in place for students with other diagnosed disabilities – is essential.

Recommendation:

- That FASD be a mandatory aspect of the secondary school health education curriculum.
- That teachers and educators be offered specific training to support and work with children living with FASD

(h) the prevalence of, and approaches to, FASD in vulnerable populations, including children in foster and state care, migrant communities and Indigenous communities;

The Marulu Strategy is an example of a community initiative to overcome Fetal Alcohol Spectrum Disorders and Early Life Traumas in the Fitzroy Valley, Western Australia. In 2007, community leaders became aware that many children in their communities displayed learning and behavioural difficulties, as well as unusual facial features and poor growth. Under the leadership of Marninwarntikura and Nindilingarri Cultural Health Services, the women of Fitzroy Valley spearheaded a community campaign achieving what had been fought for years: legal restrictions on the sale of full-strength alcohol in the Fitzroy Valley. (32) Furthermore, a broad community strategy, the Marulu Strategy, was developed. This included targets for prevention diagnosis and support. The strategy is an interagency collaboration with strong local leadership and meaningful community engagement in planning and implementation.

The Lililwan Project (developed from the Marulu Strategy) was Australia's first study to document prevalence of FASD and partial FASD in a community. (33) The Lililwan project has been instrumental in quantifying an evidence base from which to advocate for resources to prevent and manage FASD. Work is underway to build on the success of the Marulu Strategy in developing a national approach to tackling FASD. A multipronged FASD prevention strategy "Make FASD History" has commenced in other areas in Australia, supported by community, researchers and local health agencies. An overview of the Marulu Strategy 2017- 2022 can be found here.

Depression, anxiety and family violence are all risk factors that contribute to women consuming alcohol during pregnancy. (34, 35) Future studies are required to understand how to target intervention for women in these high risk settings and to help them reduce and cease alcohol consumption prior to conception and during pregnancy. Adequate training of health care professionals, including GPs, nurses, mental health and alcohol and drug clinicians is essential.

Recommendation:

- That responses to FASD in vulnerable populations be developed in partnership with those communities.

Alcohol and Drug Foundation

(i) the recognition of, and approaches to, FASD in the criminal justice system and adequacy of rehabilitation responses;

Children in contact with youth justice services are thought to include an over-representation of individuals living with undiagnosed FASD. (36) A prevalence study of young people assessed in a youth detention facility in Western Australia found that 36% were diagnosed with FASD. (37) Canadian research indicates that young people with FASD are 19 times more likely to be arrested than their peers. (38) These findings highlight the need for improved diagnosis and adequate support services to be provided to young people to prevent and minimise interactions with youth justice.

A range of resources have been developed to support people with diagnosed FASD who come into contact with the criminal justice system. NOFASD Australia have developed a Police Information Card the people can carry with them to hand to police or other emergency response professionals. The cards explain that the person has a cognitive impairment and cannot knowingly waive their legal rights. This can be an effective way to ensure that emergency responders can work fairly and effectively with people who are living with FASD.

A 2014 report examining how youth affected by FASD are dealt with in the criminal justice system in Canada, the United States and New Zealand made a number of recommendations to generate discussion about appropriate responses in Australia. (39) These recommendations include:

- Every young person charged with an offence and referred to court should be screened for FASD, post traumatic stress disorder (PTSD), and other neurodisabilities in a timely manner and before the matter is finalised by the court
- Every young person remanded in custody and accommodated at a detention facility should be screened as above
- Selected workforce groups require more intensive training to enable them to screen for FASD and other neurodisabilities at intake including youth justice workers, care and protection workers, custody officers at youth detention facilities
- Governments, Federal, State and Territory must lead the way in responding to challenges which FASD presents in the Australian community by adequately resourcing interventions, diagnostic clinics, advocacy and support agencies and identifying law reform and policy changes required
- Frontline officers should receive training about neurodevelopmental disorders and the impact they may have on the behaviour and communication skills of a child or youth. (39)

Recommendation:

- That every young person referred to court be screened for FASD prior to ruling.
- Ensure intensive training for selected workforce groups to screen for and support those living with FASD

(j) the social and economic costs of FASD in Australia, including health, education, welfare and criminal justice;

FASD places significant financial burden on individuals, families and society. FASD is the most common preventable cause of neurodevelopmental disability but accurate data on the economic impact in Australia is limited.

Studies from Canada, the US and New Zealand show that direct costs of FASD (health care, criminal justice, education, other services) ranged from between CA$762 million to $10.5 billion annually. (39) Indirect costs from lost productivity due to morbidity/premature mortality ranged from CA$46.9 million to $2.4 billion. Criminal justice system costs contributed the most to the overall economic burden (CA$395 million to $7.2 billion). (39) New Zealand studies have reported a cost of 0.03 – 0.09% of their GDP for lost productivity alone ($NZ49 million to $NZ200 million). (40) These figures are all conservative estimates as under diagnosis of FASD is very likely.

(k) access, availability and adequacy of FASD support available through the National Disability Insurance Scheme, including access to effective and early intervention services for individuals diagnosed with FASD;
(l) support for adults with FASD and for parents and carers of children with FASD;

To be eligible for NDIS support a person must meet key criteria that includes:

- Must have a permanent and significant disability / developmental delay; FASD is recognised as a permanent and significant disability
- Must have significant functional impairment
- Need support to complete everyday tasks form another person (or equipment) due to their FASD, and/or
- Need supports now to reduce support needs in the future
- Evidence of FASD diagnosis
- If < 7 years old with FASD, automatically eligible for NDIS
- If 7+ years old with FASD evidence of severe functional impairment is required (23)

Diagnosis of FASD is complex, time consuming and costly and ideally requires a multidisciplinary team of clinicians to evaluate an individual's level of exposure, neurological impairment and general physical or developmental delay.(18) However, as multidisciplinary teams tend to be based in major centres; innovative methods must be found to allow regional and rural populations to access appropriate options of assessment and management. In some cases, there may be no physical impairments and FASD may go undetected or misdiagnosed until much later in life. As with other areas of health care, diagnosis needs to be coupled with a package of care. Given the difficulty in diagnosis, and resources for diagnosis many children and families are potentially missing out on critical NDIS early funding, in particular in regional and rural areas where resources are few.

The Western Australian State Coroner's *Inquest into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia (41)* recommended:

a) that neurodevelopmental impairment (an umbrella term which includes behavioural, developmental and cognitive impairments) incorporating the criteria defined in the Australian Guide to the diagnosis of FASD be recognised as a disability within the National Disability Insurance Scheme ("the NDIS");

b) that where FASD has actually been diagnosed at the appropriate level of severity, it is separately recognised as a disability within the NDIS.

Access to a range of early intervention supports is crucial to ensuring that children and their families who may be living with FASD are supported to ensure the best possible outcome. Early intervention and support will likely result in less interactions with the criminal justice system, better education outcomes and a reduced likelihood of intergenerational alcohol use disorders.

Recommendation:

- That the National Disability Insurance Agency conduct a substantial review of its approach to FASD.

(m) progress on outstanding recommendations of the House of Representatives Standing Committee on Social Policy and Legal Affairs report, FASD: The Hidden Harm, tabled on 29 November 2012;

This report set out a list of 19 key recommendations to begin to address the harms associated with PAE, the consequences of FASD and the economic and social impact of the condition. (42) The development of a national approach made particular reference to education, diagnostic tools and improved access to support services in setting out three key areas:

1. Prevention – including education campaigns, considerations of product warnings and other mechanisms to raise awareness of the harmful nature of alcohol consumption during pregnancy;
2. Intervention – including diagnostic tools and early intervention strategies aimed at minimising the impact of FASD on affected individuals; and,
3. Management – including access to appropriate community care and support services.

On 25 June 2014, the Australian Government announced the FASD Action Plan (Action Plan) which committed funding of $9.2 million over four financial years (2013-14 to 2016-17). In the 2016-17 Budget, the Australian Government provided a further $10.5 million over four years from 2016-17 to 2019-20 to build on the achievements of the Action Plan.

Despite funding, only three of the 19 recommendations have been fully implemented, with four partially implemented. Twelve of the recommendations have not been implemented at all.

(n) the effectiveness of the National FASD Action Plan 2018-2028, including gaps in ensuring a nationally co-ordinated response and adequacy of funding;

Investment in prevention strategies, education and public health campaigns to raise awareness across the whole of community is essential. Greater awareness of the importance of not drinking during pregnancy is critical to reducing FASD. A supportive nationwide environment to prevent PAE can be built through public social marketing campaigns, mandatory health warning labels on alcohol products, specialist support services to pregnant women who have alcohol related health impacts, the inclusion of partners and families in

prevention strategies and training health professionals to routinely screen pregnant women for alcohol use. The Alcohol and Drug Foundation views the next National Alcohol Strategy as an important step in addressing FASD as part of a wider national approach.

The National FASD Strategic Action Plan 2018-2028 has four priorities: prevention, screening and diagnosis, support and management, and priority groups and people at increased risk. The Plan aims to reduce the prevalence of FASD in the Australian community and its impact on individuals, families, carers, and communities. Its implementation will be, in part, supported by the $7.2 million of additional funding provided. However, effective efforts to prevent and address FASD will require significantly more funding as well as a commitment from the Australian Government to work with states and territories on implementation.

Recommendation:

- That the effectiveness of the current FASD Action Plan partly be judged on how it complements other health strategies related to FASD, for example the National Alcohol Strategy.
- Provide adequate investment to implement the National FASD Strategic Action Plan 2018-2028

(p) any other related matters.

The ADFs Local Drug Action Teams (LDAT) program provides resources and support to assist local groups to respond to alcohol and other drug issues within their community with programs and activities based on evidence of effectiveness.

Local Drug Action Teams consist of community based organisations from the public, private not-for-profit and community sectors. They include local government, schools, health networks, police, business networks, and local media. The LDAT program supports them to develop and deliver evidence-informed alcohol and other drug harm prevention projects.

Currently, 19 LDATs across the States and territories are addressing FASD and PAE prevention projects in their communities through localized health and awareness campaigns, education and facilitating a whole of community response to PAE. An LDAT in Broome identified 'alcohol and pregnancy' as their top activity for their Community Action Plan because of the rates of alcohol use in the Kimberley region, which are much higher than state average. Aboriginal communities make up a high percentage of the population of the Kimberley. The 'Beautiful Bumps' sessions allow Broome LDAT to address the issue of FASD in an approachable and culturally appropriate way.

At the 'Beautiful Bumps' workshops, pregnant women have their bellies painted and engage in other social activities, while midwives discuss available antenatal and postnatal support services, and the risks associated with consuming alcohol and other drugs during pregnancy.

The partner organisations that make up the Broome LDAT are Kimberley Population Health Unit, Broome Aboriginal Medical Service (BRAMS), Community Health Broome, Kimberley Community Alcohol and Drug Service (KCADS).

Further to prevention, some LDATs are working to support young people affected by FASD who may have come in contact with the juvenile justice system.

References

1. Popova S, Lange S, Probst C, Gmel G, Rehm J. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. The Lancet Global Health. 2017;5(3):e290-e9.
2. National Drug Strategy Household Survey 2016,. Canberra: Australian Insitute of Health and Welfare; 2017.
3. FARE. FARE Annual alcohol poll 2018. 2018.
4. Marie Stopes International. What Women Want: When faced with an unplanned pregnancy 2006.
5. Charness ME, Riley EP, Sowell ER. Drinking During Pregnancy and the Developing Brain: Is Any Amount Safe? Trends in Cognitive Sciences. 2016;20(2):80-2.
6. Young B, Lewis S, Katikireddi SV, Bauld L, Stead M, Angus K, et al. Effectiveness of mass media campaigns to reduce alcohol consumption and harm: a systematic review. The Lancet. 2017;390(S3):S98-S.
7. Miller E, Ramsey I, Baratiny G, Olver I. Message on a bottle: are alcohol warning labels about cancer appropriate? BMC Public Health. 2016;16:n/a.
8. Howlett H, Mackenzie S, Strehle E-M, Rankin J, Gray WK. A Survey of Health Care Professionals' Knowledge and Experience of Foetal Alcohol Spectrum Disorder and Alcohol Use in Pregnancy. Clinical Medicine Insights Reproductive Health. 2019;13.
9. NOFAS. NOFAS Statement on the Stigma of FASD 2015 [cited 2019. Available from: https://www.nofas.org/nofas-statement-on-the-stigma-of-fasd/.
10. Bell E, Andrew G, Di Pietro N, Chudley AE, N. Reynolds J, Racine E. It's a Shame! Stigma Against Fetal Alcohol Spectrum Disorder: Examining the Ethical Implications for Public Health Practices and Policies. Public Health Ethics. 2016;9(1):65-77.
11. Choate P, Badry D. Stigma as a dominant discourse in fetal alcohol spectrum disorder. Advances in Dual Diagnosis. 2019;12(1/2):36-52.
12. Jonsson E, Salmon A, Warren KR. The international charter on prevention of fetal alcohol spectrum disorder. The Lancet Global Health. 2014;2(3):e135-e7.
13. Day J, Savani S, Krempley BD, Nguyen M, Kitlinska JB. Influence of paternal preconception exposures on their offspring: through epigenetics to phenotype. American journal of stem cells. 2016;5(1):11-8.
14. Montag AC. Fetal alcohol-spectrum disorders: identifying at-risk mothers. Int J Womens Health. 2016;8:311-23.
15. AMA. Fetal Alcohol Spectrum Disorder (FASD) 2016 [cited 2019 November]. Available from: https://ama.com.au/position-statement/fetal-alcohol-spectrum-disorder-fasd-2016.
16. K F, K U, Harding K. The prevalence of Fetal Alcohol Spectrum Disorder. Canada FASD Reserach Network 2018.
17. O'Keeffe L, Kearney P, McCarthy F, Khashan A, Greene R, North R, et al. Prevalence and predictors of alcohol use during pregnancy: findings from international multicentre cohort studies. BMJ Open 2015;5(7).
18. Bower C & Elliot EJ on behalf of the Steering Group. Report to the Australian Government Department of Health: "Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)". 2016.
19. Drinking guidelines for pregnancy and breastfeeding. 2016.
20. Australian Guidelines to Reduce Health Risks from Drinking Alcohol Australian Government 2009.

21. Poole N, Schmidt RA, Green C, Hemsing N. Prevention of Fetal Alcohol Spectrum Disorder: Current Canadian Efforts and Analysis of Gaps. Substance Abuse: Research and Treatment. 2016;10s1(Suppl 1).
22. May PA, Hamrick KJ, Corbin KD, Hasken JM, Marais A-S, Blankenship J, et al. Maternal nutritional status as a contributing factor for the risk of fetal alcohol spectrum disorders. Reproductive Toxicology. 2016;59:101-8.
23. Berry Street Take Two. National Disability Insurance Scheme 2018 [cited 2019 November]. Available from: https://www.nofasd.org.au/wp-content/uploads/2018/09/FASD-Applying-for-the-NDIS.pdf.
24. Roozen S, Black D, Peters GJY, Kok G, Townend D, Nijhuis JG, et al. Fetal Alcohol Spectrum Disorders (FASD): an Approach to Effective Prevention. Current developmental disorders reports. 2016;3(4):229-34.
25. World Health Organisation. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. . Geneva 2017.
26. Australian Association of National Advertisers. AANA Code of Advertising and Marketing Advertising Communications to Children 2014 [Available from: http://aana.com.au/content/uploads/2014/05/AANA-Code-For-Marketing-Advertising-Communications-To-Children.pdf.
27. Public Health Advocacy Institue of WA aand Cancer Council WA. The instagrammability of pink drinks: How alcohol is marketed to women in Australia. 2019.
28. A A, H S, E B, Jones L. A rapid narrative review of the literature on gendered alcohol marketing and its effects: exploring the targeting and representation of women. . 2019.
29. Williams HM, Percival NA, Hewlett NC, Cassady RBJ, Silburn SR. Online scan of FASD prevention and health promotion resources for Aboriginal and Torres Strait Islander communities. Health Promotion Journal of Australia. 2018;29(1):31-8.
30. FASD HUB. What is Fetal Alcohol Spectrum Disorder (FASD) 2019 [cited 2019 20 Novemeber]. Available from: https://www.fasdhub.org.au/fasd-information/understanding-fasd/what-is-fasd/.
31. Marninwarntikura Women's Resource Centre. Fetal alcohol spectrum disorder (FASD) and complex trauma: A resource for educators. Fitzroy Crossing, NT: Marninwarntikura Womens Resource Centre; 2018.
32. Fitzpatrick J, June O, Carter M, Elliott E, Latimer J, Wright E, et al. The Marulu Strategy 2008–2012: overcoming Fetal Alcohol Spectrum Disorder (FASD) in the Fitzroy Valley. Australian and New Zealand Journal of Public Health. 2017:467-73.
33. Fitzpatrick JP, Latimer J, Carter M, Oscar J, Ferreira ML, Carmichael Olson H, et al. Prevalence of fetal alcohol syndrome in a population-based sample of children living in remote Australia: The Lililwan Project. Journal of Paediatrics and Child Health. 2015;51(4):450-7.
34. Pajulo M, Savonlahti E, Sourander A, Helenius H, Piha J. Antenatal depression, substance dependency and social support. Journal of Affective Disorders. 2001;65(1):9-17.
35. Kitsantas P, Gaffney K, Wu H, Kastello J. Determinants of alcohol cessation, reduction and no reduction during pregnancy. Archives of Gynecology and Obstetrics. 2014;289(4):771-9.
36. Australian Institute of Family Studies. Fetal alcohol spectrum disorders: Current issues in awareness, prevention and intervention 2014 [Available from: https://aifs.gov.au/cfca/publications/fetal-alcohol-spectrum-disorders-current-issues-awareness-prevention-and/what-are-fetal.
37. Bower C, Watkins RE, Mutch RC, Marriott R, Freeman J, Kippin NR, et al. Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia. BMJ open. 2018;8(2):e019605.
38. Popova S, Lange S, Bekmuradov D, Mihic A, Rehm J. Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review. Canadian Journal of Public Health. 2011;102(5):336-40.
39. Economic Costs of Fetal Alcohol Specturm Disorder (FASD). Journal of Paediatrics and Child Health. 2018;54(S2):7-.

40. Easton B, Burd L, Rehm J, Popova S. Productivity losses associated with Fetal Alcohol Spectrum Disorder in New Zealand. The New Zealand Medical Journal (Online). 2016;129(1440):72-83.
41. Western Australia Coroners Court. Inquest into the deaths of: Thirteen children and young persons in the Kimberley region, Western Australia 2019 [Available from: https://www.coronerscourt.wa.gov.au/_files/inquest-2019/13-Children-and-Young-Persons-in-the-Kimberley-Region-Finding.pdf.
42. Australia. Parliament. House of Representatives. Standing Committee on Social P, Legal A. FASD : the hidden harm : inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders. Perrett G, editor. Canberra: Parliament of the Commonwealth of Australia; 2012.